

CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 ACCOUNT #		2 Total pages filed: <u>2</u>		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MRS / MR <u>Kathryn</u> FIRST <u>A</u> MI NICKNAME LAST SUFFIX <u>Wilemon</u>		Date Received	
				RECEIVED 06 JUL 19 PM 1:40 OSO - OSO	
4 ORIGINAL REPORT TYPE		Date Hand-delivered or Date Postmarked			
		Receipt # Amount			
		Legal Totals			
5 ORIGINAL PERIOD COVERED		Month / Day / Year Month / Day / Year THROUGH		Date Processed	
				Date Imaged	

6 EXPLANATION OF CORRECTION

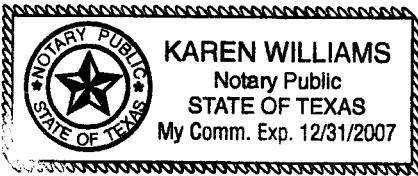
Box 12 changed Dist. No. "5" to "4"

Meant to write "4" but wrote "5"

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



AFFIX NOTARY STAMP / SEAL ABOVE

☐ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Kathryn A. Wilemon
Signature of Candidate or Officeholder

Sworn to and subscribed before me by Kathryn A. Wilemon this the 19th day of July 2006 to certify which, witness my hand and seal of office.

Karen Williams
Signature of officer administering oath

Karen Williams
Printed name of officer administering oath

Notary
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form
Needed To Report And Explain Corrections**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MR / MRS / MR FIRST MI		OFFICE USE ONLY		
	NICKNAME LAST SUFFIX		Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		Date Hand-delivered or Date Postmarked		
	5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION		Receipt # Amount		
6 CAMPAIGN TREASURER NAME	MR / MRS / MR FIRST MI		Date Processed		
	NICKNAME LAST SUFFIX		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year				
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. .. Name Address / PO Box; Apt. / Suite #: City; State; Zip Code				

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